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CONFIRMATION NO. 9686

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**APPLICANTS**  
 Patrick Holt, Nedlands, AUSTRALIA;  
 Wayne Thomas, Nedlands, AUSTRALIA;  
 Titiek I. Tobagus, Jakarta, INDONESIA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/AU04/01333 09/29/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 02/16/2007

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	AUSTRALIA	7	50	10
Verified and Acknowledged	/AMY E JUEDES/ Examiner's Signature				

**ADDRESS**  
 EDWARDS ANGELL PALMER & DODGE LLP  
 P.O. BOX 55874  
 BOSTON, MA 02205  
 UNITED STATES

**TITLE**  
 Immunotherapy method

<b>FILING FEE RECEIVED</b> 4290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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